

# Site Evaluator Registration Application

## Gallatin City-County Health Department, Environmental Health Services

Please refer to Section 10 of the Regulations for Wastewater Treatment Systems (effective June 27, 2004) and the fee schedule.

You will be required to take the Site Evaluator's exam and obtain a score of 80% or better to pass. If you do not pass the exam you will be able to retake the exam one (1) time at no additional charge. There is a one (1) week waiting period between examinations.

Site evaluator registrations of competency under these regulations shall be valid from February 1 through January 31 for the two (2) year time period stated on the Registration of Competency.

Professional Engineers (PE) are exempt from the requirements of examination and fee. PE's must fill out an application and provide a copy of their license to be placed on the registration of competency. The PE must submit an updated registration application every two years to remain on the registry.

- Study Material:
1. Regulations for Wastewater Treatment Systems (Health Code Chapter 3)
  2. Circular DEQ 4, "Montana Standards for Subsurface Wastewater Treatment Systems", latest edition.
  3. 17.36.911 to 17.36.914(5), ARM, and 17.36.914(7) to 17.36.924 ARM. "Subsurface Wastewater Treatment Systems".
  4. 17.36.101 ARM; 17.36.320 to 322 ARM; 17.36.324 to 325 ARM; 17.36.326(1) ARM; 17.36.326(3) ARM; 17.36.326(4); and 17.36.327 ARM "Subdivisions/On-Site Subsurface Wastewater Treatment, Sewage Systems". Any referral to "the department" in Title 17, Chapter 36, Sub-Chapters 1 and 3 means GCCHD.
  5. Guidelines – Nondegradation Analysis
  6. EPA Manual
  7. Basic Pump and Pressure Distribution

Purpose of Application: Information Update Only \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

### Business Information

◆Name \_\_\_\_\_ ◆Phone \_\_\_\_\_  
◆Address \_\_\_\_\_ ◆City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Applicant Information

◆Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

- ◆ Indicates information contained on the **Registered Site Evaluator/Professional Engineer** list that is provided to the public.

### Qualifications:

Type of Professional Registration (provide copy of valid registration): \_\_\_\_\_

Highest Level of Education completed: \_\_\_\_\_

New applicants must provide the following:

- 1) Copies of college transcripts and any other education, training and experience with regards to soil evaluations.
- 2) Experience with regard to on-site wastewater treatment systems.

I hereby certify all information provided is true and correct. I understand that my registration file is public information and any complaints and/or Department reprimands are part of my file, are available for public viewing upon request and may be forwarded to the appropriate professional review board. If any of this information changes I will complete a new application form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Health Department Use Only

Amount Paid _____	Receipt # _____	Registration Expires _____
Date Tested _____	Score _____ (1 <sup>st</sup> attempt)	Version Taken _____
Date Tested _____	Score _____ (2 <sup>nd</sup> attempt)	Version Taken _____